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APPLICATION NUMBER

FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

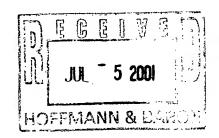
09/850,363

05/07/2001

Michael Franciscus Wilhelmus Cornelis Martens

294-100

Hoffmann & Baron, LLP 6900 Jericho Turnpike Syosset, NY 11791



CONFIRMATION NO. 2538 FORMALITIES LETTER OC000000006249477

Date Mailed: 07/02/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

A copy of this notice MUST be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Martens, et al.

Examiner: Unassigned

Serial Number: 09/850363

Group Art Unit: Unassigned

Filed: May 7, 2001

Docket No.: 294-100

For: SHORT TURNAROUND TIME

Date: July 26, 2001

INSULIN ASSAY AND PROTOCOL THEREFOR

Assistant Commissioner for Patents

Washington, DC 20231 BOX: MISSING PARTS

I hereby certify this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to:

Assistant Commissioner for Patents, Washington, D.C.

20231 on July 26, 2001

Dated: 7/26/01

RESPONSE TO NOTICE TO FILE MISSING PARTS

Dear Sir:

In response to the notice to file missing parts of the patent application identified above dated July 5, 2001, we submit herewith (1) Declaration and Power of Attorney executed by the inventors; and (2) our check in the amount of \$130.00 in payment of the fee for submission of the declaration.

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment associated with this communication to our Deposit Account Number 08-2461.

Respectfully submitted,

Lauren T. Emr

Registration Number 46,139

HOFFMANN & BARON, LLP 6900 Jericho Turnpike Syosset, New York 11791

Telephone: 516-822-3550 Facsimile: 516-822-3582

LTE/eig

In re Application of: Martens, et al.

Serial No.: 09/850,363 Confirmation No.: 2538 Filed: May 7, 2001

SHORT TURNAROUND TIME INSULIN

ASSAY AND PROTOCOL THEREFOR

ASSISTANT COMMISSIONER FOR PATENTS Washington, DC 20231

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 13	MINUS	** 13	= 0
INDEP.	* 3	MINUS	*** 2	= 1

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

SMALL ENTITY

Attorney Docket No. 294-100

postpaid in an envelope, addressed to:

20231 on July 26, 2001

Dated: 7/26/01

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Assistant Commissioner for Patents, Washington, D.C.

OR RATE ADDL. FEE x 9= \$ OR \$ 40 x 40 =x 135 =\$ **TOTAL** \$40 If the entry in Column 1 is less than the entry in Column 2, write " $\overline{0}$ " in Column 3.

OTHER THAN A

SWALL ENTITY				
RATE	ADDL. FEE			
x 18=	\$			
x 80=	\$			
x 270=	\$			
TOTAL	\$ 0.00			

If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. 08-2461 in the amount of . A duplicate copy of this sheet is attached.

冈 A check in the amount of \$40.00 is attached to cover the fee for the extra claim.

X The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.

M Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.

冈 Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

HOFFMANN & BARON, LLP 6900 Jericho Turnpike Syosset, NY 11791 (516) 822-3550 LTE/sp

Lauren T. Emr

Registration No. 46,139